

Complaint – Patient Information Leaflet & Form

The Grove Medical Centre,
Main Street,
Ballincollig,
Co. Cork.

PATIENT INFORMATION LEAFLET

Help us to reach the highest standards by having your say!

Your **comments and suggestions** are welcomed and valued. Some people are shy or embarrassed to raise an issue directly with us and you might prefer to fill in this leaflet and put it into the box provided in the surgery. Alternatively, you may give it to a member of staff. You might prefer to write a letter or of course tell us face to face. All comments and suggestions are brought to the attention of our team and we try to make improvements accordingly.

If you have a **complaint** about your care, we need to hear from you so that we can learn lessons thereby continuously improving our care of patients. We have a written procedure in the Practice to ensure that we manage complaints in the most effective way, to the highest standard and we hope to the satisfaction of our patients.

Step 1

How do I make a complaint?

Fill in the attached sheet, and place in an envelope marked private for the attention of Cora Ahern, Practice Manager or Dr Ciara Murphy

or

Talk to your GP or any member of our staff

or

Send a letter or email the Practice at thegrovemedicalcentre@gmail.com

or

Ring us on 021-4877817

Step 2

What will happen next?

We will try to resolve your complaint as quickly as possible and will acknowledge it at the earliest possible opportunity and certainly within 5 working days. Our aim will be to have investigated the matter within 10 working days. You will receive a formal reply in writing or you may be invited to meet with us to attempt to resolve the complaint to your satisfaction.

If your complaint is such that it requires a local investigation, we will set in train an investigation and inform you of the process and who will carry it out and agree a timeline within which we will work. We will give you the opportunity to comment on the process and if a meeting is arranged you will be invited to bring a friend or relative with you. Our aim will be to try to adhere to a 30-day timeline and if there are reasons why it will take longer we will discuss with you.

We adhere to the strictest rules of medical confidentiality. Therefore, if you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm their consent for you to deal with the complaint on their behalf and for us to release medical details to them.

Step 3

When looking into a complaint we attempt to

- ② Find out what happened and what went wrong and why
- ② Make it possible for you to discuss the problem with those concerned
- ② Ensure you receive an apology where this is appropriate
- ② Identify what we can do to make sure the problem does not arise again.

We hope that we will be able to resolve your complaint quickly and to your satisfaction but if we believe we need assistance for example mediation or other external assistance we may arrange this in consultation with you.

Step 4

When the investigations are complete your complaint will be determined and a final response sent to you. If your complaint is still not resolved to your satisfaction, there are several external options where you may bring your complaint:

HSE

Email: yoursay@hse.ie Website: www.hse.ie

Infoline: 1850-24-1850 Address: Oak House, Millenium Park, Naas, Co. Kildare.

OMBUDSMAN FOR CHILDREN

Email: oco@oco.ie Website: www.oco.ie

Infoline: 1800 20 20 40 Address: Millenium House, 52-56 Great Strand Street, Dublin 1.

MEDICAL COUNCIL

Email: info@mcirl.ie Website: www.medicalcouncil.ie

Tel: 01 4983100 Address: Kingram House, Kingram Place, Dublin 2

AN BORD ALTRANAIS

Email: ftp@nursingboard.ie Website: www.nursingboard.ie

Tel: 01 6398500 Address: 18-20 Carysfort Avenue, Blackrock, County Dublin

~ REMEMBER ~

Your opinion matters to us and your feedback is welcome and helpful.

WEDNESDAY 14 JUNE 2023

COMPLAINT FORM – PATIENT THIRD PARTY CONSENT

Patients full name	Date of Birth.....
Address.....	
.....	Post Code.....
Telephone Number.....	

Enquirer/ Complainants Full name	
Relationship to Patient	
Address	
.....	Post Code.....
Telephone Number	

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date: